



ARKANSAS DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Arkansas.

Arkansas At-a-Glance:

- In 2010-2011, Arkansas was one of the top ten states for rates of drug-use in several categories, including: past month use of illicit drugs other than marijuana among persons age 12-17; and past-year nonmedical pain reliever use among persons 12 or older.

Source: National Survey on Drug Use and Health (NSDUH) 2010-2011.

- Approximately 7.61 percent of Arkansas residents reported past-month use of illicit drugs; the national average was 8.82 percent.
- In 2010, the drug-induced death rate in Arkansas was slightly lower than the national average.

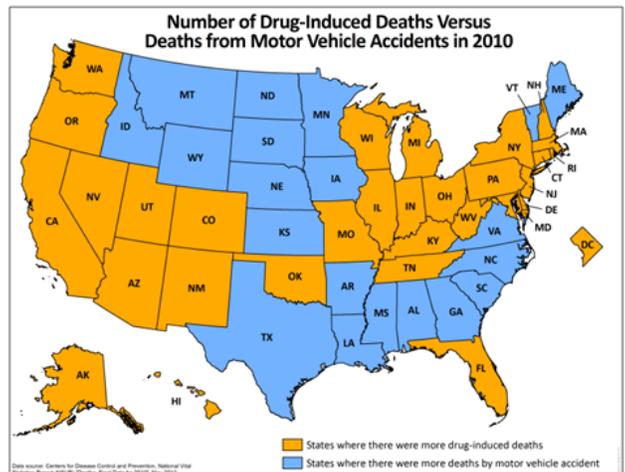
Drug Use Trends in Arkansas

Drug Use in Arkansas: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 7.61 percent of Arkansas residents reported using illicit drugs in the past month. The national average was 8.82 percent. Additionally, 3.93 percent of Arkansas residents reported using an illicit drug other than marijuana in the past month (the national average was 3.33 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2009-2010 National Survey on Drug Use and Health: <http://store.samhsa.gov/shin/content/SMA11-4641/SMA11-4641.pdf>

Drug-Induced Deaths: As a direct consequence of drug use, 374 persons died in Arkansas in 2010. This can be compared to the number of persons who died from motor vehicle accidents (608) and firearms (419) in the same year. Arkansas drug-induced deaths (12.8 per 100,000 population) were lower than the national rate (12.9 per 100,000).

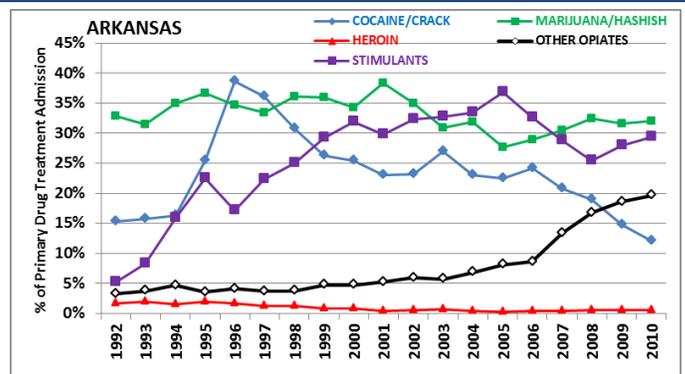
Source: WONDER online databases: <http://wonder.cdc.gov/cmfi-icd10.html>



Substance Abuse Treatment Admissions Data

Arkansas Primary Treatment Admissions: The graph on the right depicts substance abuse primary treatment admissions in Arkansas from 1992 to 2010. The data show marijuana, followed by stimulants (including methamphetamine), is the most commonly cited drug among primary drug treatment admissions in the state.

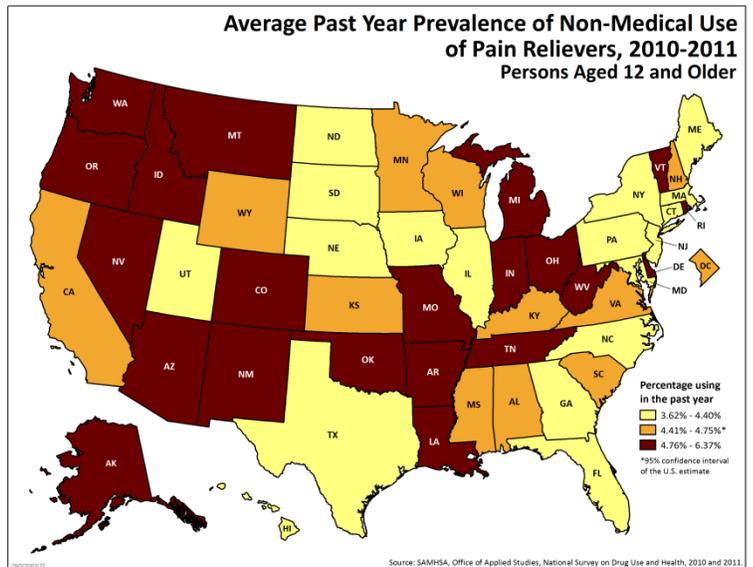
Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov/data/DASIS.aspx#teds>. Note: The Treatment Episode Data Set (TEDS) only displays data from 1992-2010 for Arkansas.



Prescription Drug Abuse

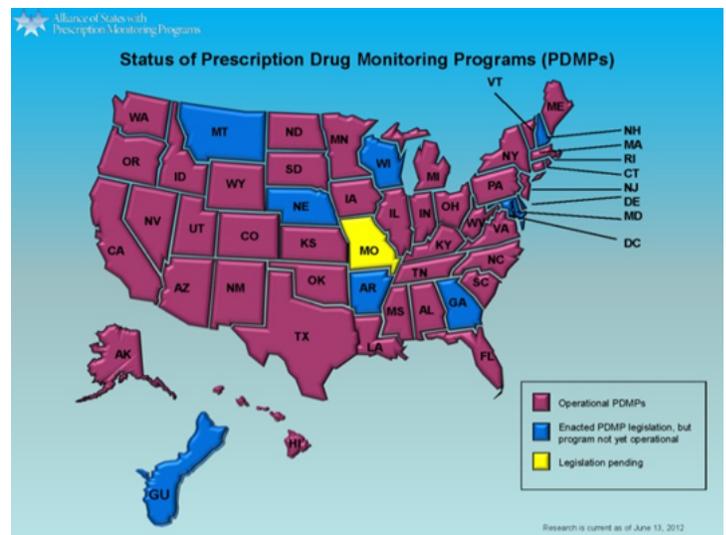
ONDCP's Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration's Prescription Drug Abuse Prevention Plan entitled **"Epidemic: Responding to America's Prescription Drug Abuse Crisis,"** provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Forty-one states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 9 states and territories have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.



On March 17, 2011 Governor Mike Beebe signed **SB 345**, authorizing the establishment of a Prescription Drug Monitoring Program to monitor the prescribing and dispensing of Schedule II-V controlled substances. Arkansas's PDMP will be overseen by the Arkansas Department of Health.

State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

ONDCP Action on Drugged Driving

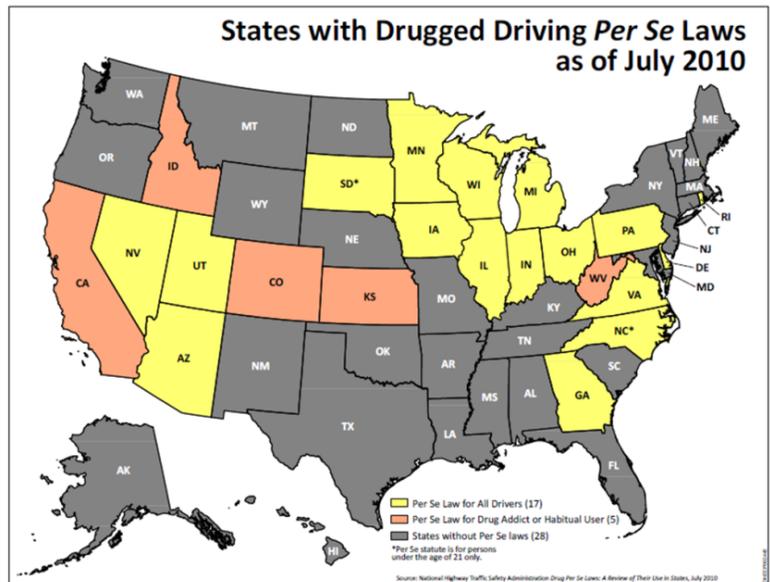
In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.

State-Level Action: Enacting *Per Se* Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.

Arkansas does not currently have a *Per Se* standard. However, it is unlawful for any person who is intoxicated to operate or be in actual physical control of a motor vehicle while under the influence “to a degree that it substantially alters the defendant’s reaction, motor skills, and judgment so as to constitute a clear and substantial danger of physical injury or death.”

Source: *A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs*, by the Walsh Group for the National Highway Traffic Safety Administration.



ONDCP Support for Community-Based Prevention

National Anti-Drug Media Campaign

ONDCP’s National Youth Anti-Drug Media Campaign provides consistent and credible messages (including those in Native American and Alaska Native communities) to young people about drug abuse and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2013, the following Arkansas coalitions received grants from ONDCP:

- Quapaw House, Inc.
- Tremendous Opportunities for Union County Health (TOUCH)

- White County Invested in Substance Abuse Eradication (WISE)
- TEA Coalition
- NWA Tobacco and Drug Free Coalition

- Independence County Hometown Wellness Coalition

Source: Office of National Drug Control Policy
http://www.ondcp.gov/dfc/grantee_map.html

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

HIDTA Counties in Arkansas

Arkansas-Gulf Coast HIDTA: Benton, Jefferson, Pulaski, and Washington counties.

- Through the Gulf Coast HIDTA, 17 Arkansas state and local law enforcement agencies partner with Federal agencies in their effort to address the trafficking and use of illegal drugs within the HIDTA designated areas.
- In 2012, Gulf Coast HIDTA task forces disrupted or dismantled over 30 drug trafficking organization operating within the state and beyond.

Federal Grant Awards Available to Reduce Drug Use in the State of Arkansas

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2012, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2012, your State received support under the grant programs shown below.

Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The State of AR	
Department / Office / Program Name	2012
Department of Agriculture	\$ 11,829,646
National Institute of Food and Agriculture	
Cooperative Extension Service	\$ 11,829,646
Department of Education	\$ 11,915,040
Office of Elementary and Secondary Education	
Twenty-First Century Community Learning Centers	\$ 11,915,040
Department of Health and Human Services	\$ 45,258,031
Administration for Children and Families	
Promoting Safe and Stable Families	\$ 3,978,576
Transitional Living for Homeless Youth	\$ 400,000
Centers For Medicare and Medicaid Services	
Medical Assistance Program - Grants to States for Medicaid To Treat Substance Abuse	\$ 15,712,832
National Institutes Of Health	
Alcohol Research Programs	\$ 672,014
Drug Abuse and Addiction Research Programs	\$ 7,013,306
Substance Abuse and Mental Health Services Administration	
Block Grants for Prevention and Treatment of Substance Abuse	\$ 13,234,062
Projects for Assistance in Transition from Homelessness (PATH)	\$ 300,000
Substance Abuse and Mental Health Services Projects of Regional and National Significance	\$ 917,941
Substance Abuse and Mental Health Services-Access to Recovery	\$ 2,759,300
Health Resources and Services Administration	
Healthy Start Initiative	\$ 270,000
Department of Housing and Urban Development	\$ 7,387,323
Community Planning and Development	
Emergency Solutions Grant Program	\$ 2,846,487
Shelter Plus Care	\$ 1,860,417
Supportive Housing Program	\$ 2,680,419
Department Of Justice	\$ 4,548,815
Office of Justice Programs	
Edward Byrne Memorial Justice Assistance Grant Program	\$ 3,108,350
Juvenile Accountability Block Grants	\$ 259,702
Juvenile Justice and Delinquency Prevention Allocation to States	\$ 400,000
Residential Substance Abuse Treatment for State Prisoners	\$ 111,956
Second Chance Act Prisoner Reentry Initiative	\$ 668,807
Department of Transportation	\$ 3,832,422
National Highway Traffic Safety Administration	
Alcohol Impaired Driving Countermeasures Incentive Grants I	\$ 3,832,422
Department of Veteran's Affairs	\$ 436,977
Veterans Health Administration	
VA Homeless Providers Grant and Per Diem Program	\$ 436,977
Executive Office of The President	\$ 927,105
Office of National Drug Control Policy	
Drug-Free Communities Support Program Grants	\$ 616,037
High Intensity Drug Trafficking Areas Program	\$ 311,068
Grand Total	\$ 86,135,359

File updated 07/31/13.

